PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10612904

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | SMALL ENTITY TYPE OR | | | OTHER THAN SMALL ENTITY | |
|--|---|---|----------------------|------------------------|-------------------|----------------------------|--|
| TOTAL CLAIMS | 20 | | RATE | FEE . | RATE. | FEE . | |
| FOR | NUMBER FILED | NUMBER EXTRA | BASIC FEE | 375.00 C | DR BASIC FEE | 750.00 | |
| TOTAL CHARGEABLE CLAIMS | <i>QO</i> minus 20= | · an | X\$ 9= | | OB X\$18= | | |
| INDÉPENDENT CLAIMS | 2 minus 3 = | 0 | X42= | | X84= | ., | |
| MULTIPLE DEPENDENT CLAIM PI | RESENT | | 4 | | | | |
| If the difference in column 1 is | lëss than zëro, enter | "0" in column 2 | +140= | |)R +280≐ | | |
| CA MELAIMS AS A | MENDED - PAR | Till — | TOTAL | <i>5</i> /> | OTHER | TEPAN | |
| (Column 1) | (Côlur | nn:2)* (Column:3) | SMALLE | ENTITY C | OTHER OR SMALL | | |
| ÇLAIMŞ REMAINING | HIGH | BER PRESENT | RATE | ADDI- TIONAL | DAZE | ADDI- | |
| AFTER AMENDMENT | PREVIO | | | FEE | RATE | TIONAL | |
| Total • | Minus ** | | X\$ 9= | * c |)R X\$18= | | |
| Independent - | Minus DEPENDENT | | í. X42≞ | C |)A X84≡ | | |
| THE REPORT OF THE PERSON OF TH | DENFE DEPENDENT | CCAIIV | +140= | C |)R +280= | ì | |
| | | • | TOTAL | | TOTAL | | |
| (Column 1) | (Colur | nn 2) (Çolumn 3) | ADDIT. FEE | | 'ADDIT FEE | | |
| CLAIMS REMAINING AFTER AMENDMENT | HIGH NUM PREVIO PAID | BER PRESENT DUSLY EXTRA | RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE | |
| Total | Minus ** | = | X\$ 9= | | R X\$18= | , ree | |
| | Minus _i . | | X42= | 3 | | * · · · | |
| FIRST PRESENTATION OF ML | ILTIPLE DEPENDENT | CLAIM, | | C | | | |
| | | | +140= TOTAL | | H +280= | | |
| | | | ADDIT FEE | | ADDIT FEE | | |
| (Columnal) CUAIMS REMAINING | HIGH | | | 450 | | | |
| Par transfer at the case of | NÚMI PREVIC | USLY EXTRA | | ADDI- TIÓNAL | RATE: | ADDI- TIONAL | |
| AFTER AMENDMENT O Total Independent | PAID: | ryk, stranger | 2 | FEE | | FEE | |
| il independent | Minus *** | | X\$ ⁻ 9= | | A X\$18= | | |
| FIRST PRESENTATION OF ML | ILTIPLE DEPENDENT | CLAIM | X42=: | 0 | R X84= | | |
| | | | +140= | Ó | R +280= | | |
| If the entry in column 1 is less than the | IN THIS SPACE | siless than 20" enter "20 " | TOTAL ADDIT FEE | o | R ADDIT FEE | | |
| The Highest Number Previously Pa | nd For IN THIS SPACE I d For (Total or Independe | s less than 3, enter "3." ent) is the highest number | | ropriate box in | | . t | |